

1032

PLACE OF BIRTH
County of Yuma
District of _____
Town of _____
or _____
City of Globe

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH
(No. _____ St. _____ Ward)

State Index No. 120
Co. Register No. 476
Local Registrar's No. _____

FULL NAME OF CHILD Richard Conant Brachett { Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive } NO

Sex of Child <u>Male</u>	Twin, Triplet or other <u>Other</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Sept. 24</u> 19 <u>21</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Lyman Brachett</u>			Full Maiden Name <u>Maesta Personette</u>		
Residence <u>Globe, Ariz</u>			Residence <u>Globe, Ariz</u>		
Color or Race <u>White</u>			Color or Race <u>White</u>		
Age at last Birthday <u>28</u> (Years)			Age at last Birthday <u>28</u> (Years)		
Birthplace <u>Indiana</u>			Birthplace <u>Indiana</u>		
Occupation <u>Wholesale Grocery Business</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>1</u>		Number of Children, of this mother, now living <u>1</u>		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* 3.30

I hereby certify that I attended the birth of the above child; and that it occurred on Sept. 24 1921 at _____ M.

{ *When there is no attending physician or midwife, then the householder should make this return. }

Given or Christian name added from a supplemental report _____ 191____

(Signature) [Signature]
(Attending physician, midwife, householder. *)

Address [Address]

Filed Oct 8 1921 A True Copy
Filed Oct 10 1921

923-924-175 COUNTY REGISTRAR.
B. G. Gax LOCAL REGISTRAR.
B. G. Gax COUNTY REGISTRAR.